Research Article

A Socio- Demographic Profile and a Pattern of Drug Abuse among Youths in Haridwar District, Uttarakhand, India

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Abstract

This is preliminary study of socio-demographic distinctiveness and pattern of drug abuse in holy city Haridwar in northern India. Clinico-statistical examination of 296 drug users among various respondents in Haridwar district from 1stJanuary to 31stMarch 2019 in an Opium Substitution therapy (O.S.T) Centre was performed based on predesigned and structured interview schedule for data collection. In present study, it was observed that majority of drug abusers were from lower socio- economic class; 34.8% respondents aged between 20 - 25 years of age; 99% were male; 67.9% belonged from a nuclear family. In terms of education, major drug abusers (34.5%) were educated up to higher secondary. Out of the total respondents, 73.3%were residing in urban area and among drug abusers 41.6% are financially part-time employed; have the average monthly income of 10,000. Among abusers population alcohol intake was found to be highest (20%) followed by abuse by cannabis products (18%). The main objective of this study was to monitor the effects of Socio-economic status (SEC) on the prevalence of drug abusers during that time. The study revealed that respondents with different (SEC) background approached drug consumption depending upon their financial status; respondents with lower SEC were found to be abusing drugs which are majorly seen to be varying among youths. Drug user's prevalence also altered with the geographical aspect and the educational qualification of the individual.

Keywords: Socio- Demographic; Drug Abuse; Opium Substitution Treatment; Socio-Economic Status

Introduction

One of the major epidemic disease is "Drug abuse" which effects not only the individual life but it have major implications on his family and society in large. The drug abuse is strongly condemned in the society owing to its deleterious effects. Drug smuggling is the world's biggest illicit Industry [1]. Taking all the generations under its shed, the prevalence of the Industry has been widespread having most adverse effects among youths and younger generation. National Cancer Institute (NCI) defines Drug abuse as "the use of illegal drugs or the use of prescription or over-the-counter drugs for purposes other than those for which they are meant to be used, or in large amounts." According to a UN report, one million heroin addicts are registered in India and unofficially there are as many as five million [2] started off as casual party element between elite classes now transmitted to all the sections of the society. In ancient times narcotics and alcoholic preparations were used to be denoted as medication. But, nowadays it encompasses a large variety of substances. Generally drugs effects are classified in two types physiological and psychotropic. Consumption of drugs for treatment and diagnostics are termed as pharmaceutical drugs and are used for medicinal purposes. On the other hand, psychotropic drugs affect the central nervous system (CNS) and bring about a psychotropic change in the body. They are often used as means to lighten up the mood and medically classified under CNS stimulants. A report says 34.6% teens suffering from major depression are drug users [3]. However, the use of any kind of psychotropic substance or drug is banned in India after the parliament passed the NDPS Act, 1985 (Narcotic Drugs and Psychotropic Substances

Act) which came into force on 14 November, 1985. The burden of drug abuse in India can be estimated from a report published in the India Times, 2018 which states that nearly 74% of Indian families have at least one adult member indulge in drug abuse.

On a Global Scenario, it is estimated that around 164 million people had an alcohol or drug use disorder in 2016 (OUR WORLD IN DATA, 2018). Drug addiction is a chronically relapsing disorder that has been characterized by the compulsive use of addictive substances despite adverse consequences to the individuals and their societies. The higher prevalence of substance use disorders in people in their twenties (or sometimes in their late teens) is consistent across most countries (World Drug Report, 2018). The use of Drug abuse has been seen rising at a very early age leading to major ill-effects on health. According to Substance abuse and Mental Health services administration (SAMHSA) 22.5 million Americans over the age of 12 were been found using illicit drugs. All these use of Drugs leads to major disorders in a report it was been founded that more than 7 million people suffer from illicit drug disorder, among which one in every four deaths results from drug use [4]. In fact, more deaths, illnesses and disabilities are associated with drug abuse than any other preventable health condition. Youths suffering from drug and alcohol addiction also have a higher risk of unintentional injuries, accidents and domestic violence incidents. A study performed by Rather., *et al.* [5] studied respondents for over a period of one year (June 2008 to May 2009), 198 patients with substance abuse were admitted. All were male, with a mean age of 26.8 years. Over half (53.5%) had a high school education; 22.2% were unemployed, and 20.2% were students. Most of the patients (89.9%) were from a nuclear family. The majority (70.7%) had never married. More than half (56%) had a poor or lower-middle socioeconomic background (Class III and IV). 96% of respondents were Muslim by religion. Details of the socio-demographic profile are given in Over two-third (76.8%) of patients had started substance abuse in the age group of 11 to 20 years. The most common substances of abuse identified include nicotine (94.4%), medicinal opioids (65.7%), cannabis (63.6%), benzodiazepines (45.5%), other prescription medications (43.4%), alcohol (32.5%), inhalants (11.1%), and cocaine (7.5%). In addition to that, according to a National Survey conducted by United Nations Office on Drugs and Crime (UNODC) [2] and Ministry of Social Justice and Empowerment, for year 2000 - 2001 (report published in 2004), it was been estimated that about 732 lakh persons in India were users of alcohol and drugs. Among which 20 lakh used opiates, 87 lakh used Cannabis and 625 lakh were users of Alcohol [6].

Most of the world's cocaine comes from Colombia while the report also showed that Africa and Asia are emerging as centres for cocaine trafficking and consumption. A study conducted by Prajapati., *et al.* [7] found that majority (98%) of the substance abusers were males, (46%) aged between 31 to 45 years. Total 28% abusers were graduate and 47% were doing skilled work. Majority of studied participants were married, (92%) belongs to joint families and (50%) belonged to economic class I and II. It was observed commonly used drug was alcohol (64%), followed by tobacco (20%), cannabis (12%) and opium (4%). Majority of users started to use it for social reasons (33%) and stress disorders (26%). It is also well established in many reports that drug abusers was introduced to the habit forming substances for the first time from friends in 62% cases and 36% got by themselves. Health related changes were experienced in more than 50% of cases. Out of them, 84% feel improvement after visiting the rehabilitation centre. Hence, we aimed our present study to determine the impact of socio demographic profile and pattern of drug abuse among youths in Haridwar district, Uttarakhand, India.

Materials and Methods

A descriptive study was conducted in District hospital Opium Substitution (OST) centre, Haridwar, India. All the patients getting treated from the OST during the prescribed period (1st January to 31st March 2019) were selected as the respondents.

The sample size was calculated using the formula, $Z^2*P*(1-P)/d^2$, taking a proportion of prevalence as adults suffering from a substance use disorder in 2017 as 74%,

Sample size selection

According to a study, 74% of adults suffering from a substance use disorder in 2017 struggled with an alcohol use disorder [8].

Sample size is selected using the following formula,
$N = z^2pq/e^2$,

Where n = desired sample,

Z= standard normal deviate usually set at 1.96 which corresponds to a confidence interval of 95%,

P = 74% or 0.74, q = 1-p = 1-0.74 = 0.26
Confidence level (z) = 1.96%,
Permissible error (e) = 0.05,
According to formula,
Sample size (N) = z^2pq/e^2,

N = 1.96* 1.96*0.74*0.26/0.0025,
N = 295.65,
Therefore sample size (no. of respondent) is **296**.

Data collection tools and techniques

A pre-designed, pretested interview schedule was used to collect the data.

Data analysis

The collected data was compiled, coded and analysed by IBM SPSS (Version 20; SPSS Inc., Chicago).

Ethical considerations

All the respondents were well aware about the purpose of the study and verbal consent was taken before starting the interview.

Results

This study revealed that 99% of the respondents were males. About 34.8% aged between 20 - 25 years of age group; 67.9% were from nuclear family; 34.5% were educated up to higher secondary level; 73.3% were residing in urban; 41.6% were employed part-time; 39.9% had monthly income above Rs.10,357. Most of the respondents were from lower- middle socio economic status (class) as per the modified Kuppuswamy scale - 2017. Majority of the respondents had 2-4 members with a rate of 42.6%, had 4-6 members and above. Figure 1 shows that maximum 34.8% of the respondents aged between 20-25 years and minimum 14.5% aged between to 15-20 years.
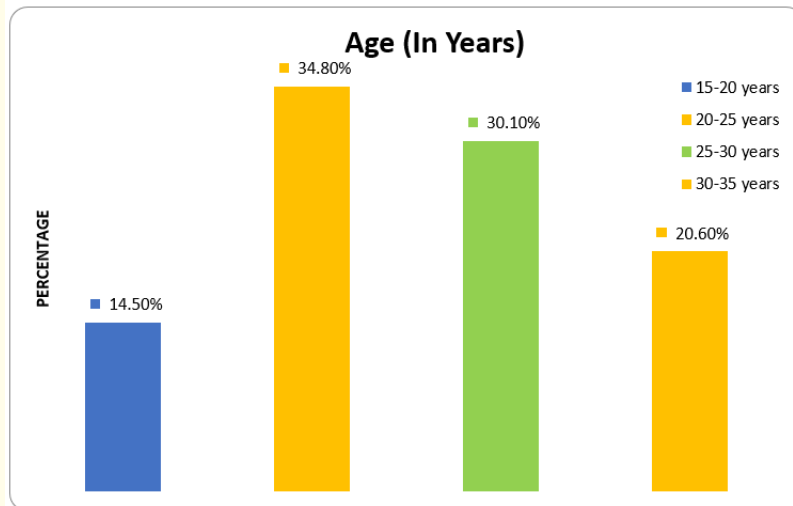

Figure 1: Age of the respondents.

As clear from the stats provide in figure 2, the majority of the respondents (99%) were male and only 1% of the respondents were female.

Figure 3 shows that majority 67.9% of the respondents belonged to nuclear family while 32.1% of the respondents belonged to joint family.

It is evident from the figure 4 that maximum 42.6% of the respondents had 2 to 4 family members and minimum 22.3% belonged had above 6 family members. Thus, drug abusers are more in nuclear families.

As per table 1 the education status shows that maximum 34.5% of the respondents were educated up to higher secondary while 16.6% were illiterate.

As per the stats shown in figure 5, 59.4% of the respondents were unmarried and minimum 5.5% of the respondents were separated.

Figure 2: Gender of the respondents.
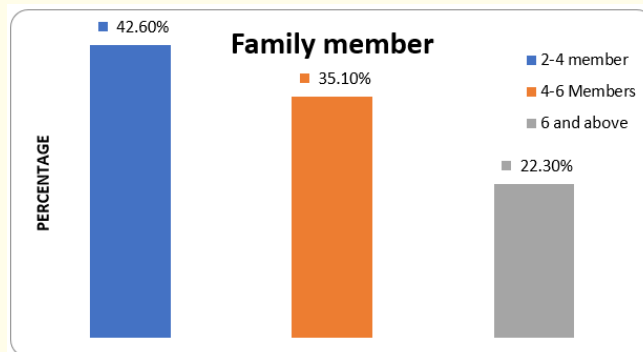

Figure 3: Family Type of the respondents.

Figure 4: Number of family members.

Educational level	Frequency	Percentage (%)
Illiterate	49	16.60
Reading and writing	85	28.70
Higher secondary	102	34.50
Bachelor's degree and higher	60	20.30
Total	**296**	**100.00**

Table 1: Education wise distribution of the respondents.
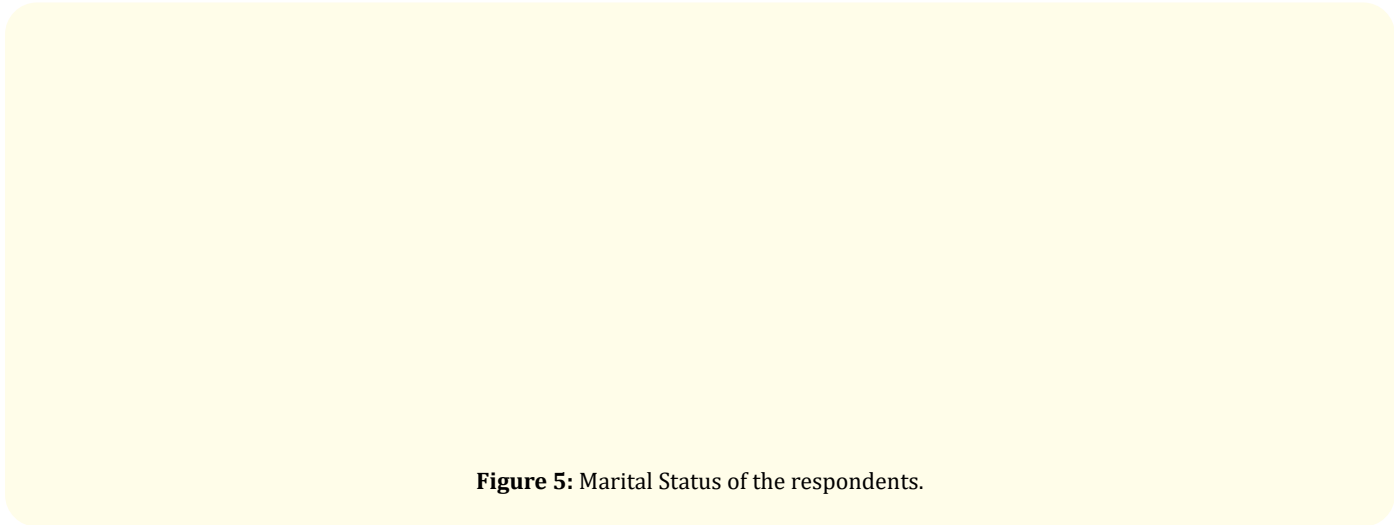
Figure 5: Marital Status of the respondents.

State	Frequency	Percentage (%)
Andhra Pradesh	24	8.10
Bihar	13	4.40
Uttarakhand	105	35.50
Uttar Pradesh	133	44.90
West Bengal	21	7.10
Total	**296**	**100.00**

Table 2: State wise distribution of the respondents.

State wise distribution of the respondent's data shows that maximum 44.9% of the respondents belonged to Uttar Pradesh and minimum 4.4% of the respondents belonged to Bihar. However, majority of drug users (73.3%) were residing in urban and 26.7% belonged to rural (Table 3).

The employment pattern of the respondents were shown in figure 6, which shows that maximum 41.6% of the respondents were employed part-time and minimum 17.6% of the respondents were unemployed. Figure 7, states the average monthly income shows of 39.9% respondents are nearly Rs.10357 and above per month and minimum 14.2% of the respondents earned income below ≤ Rs.2091 per month.

Residence	Frequency	Percentage (%)
Rural	79	26.70
Urban	217	73.30
Total	**296**	**100.00**

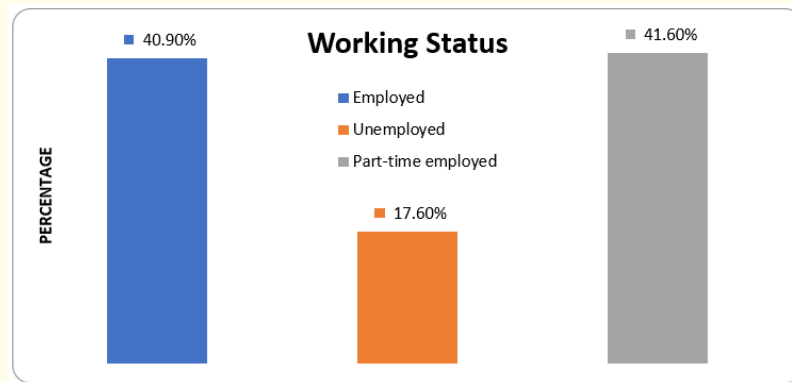**Table 3:** Residence wise distribution of the respondents.
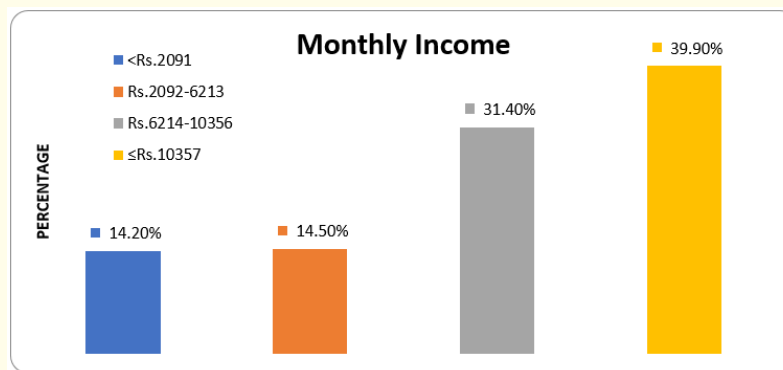

Figure 6: Working status of the respondents.

Figure 7: Monthly Income of the respondents.

The study also includes the data on type of drug consumed by the drug abusers among which maximum consumption percentage (20.50%) and frequency (139) is seen of alcoholic products, followed by cannabis and heroin products (Table 4 and Figure 8). Inhalants as substance of abuse are seen with least frequency among drug abusers.

Modified Kuppuswamy scale- 2017 (data shown in Table 5), is used to measure SES in urban and peri urban population. Table 5 shows that maximum no. of respondents belong to lower middle class level with maximum education upto Higher secondary.

Types of drugs[1]	Drug consumption	
	Frequency	Percentage (%)
Tobacco products	87	12.90
Alcohol products	139	20.50
Cannabis products (Charas, ganja, bhang,etc)	123	18.20
Heroin products(chitta, brown sugar, smack,etc)	88	13.00
Opium products (afeem,etc)	54	8.00
Sedatives or sleeping pills	79	11.70
Buprenorphine (Injectable)	81	12.00
Cocaine	15	2.20
Inhalants (polish, glue, spray paint, correction fluids etc)	11	1.60

Table 4: Type of drug consumed by the respondents.
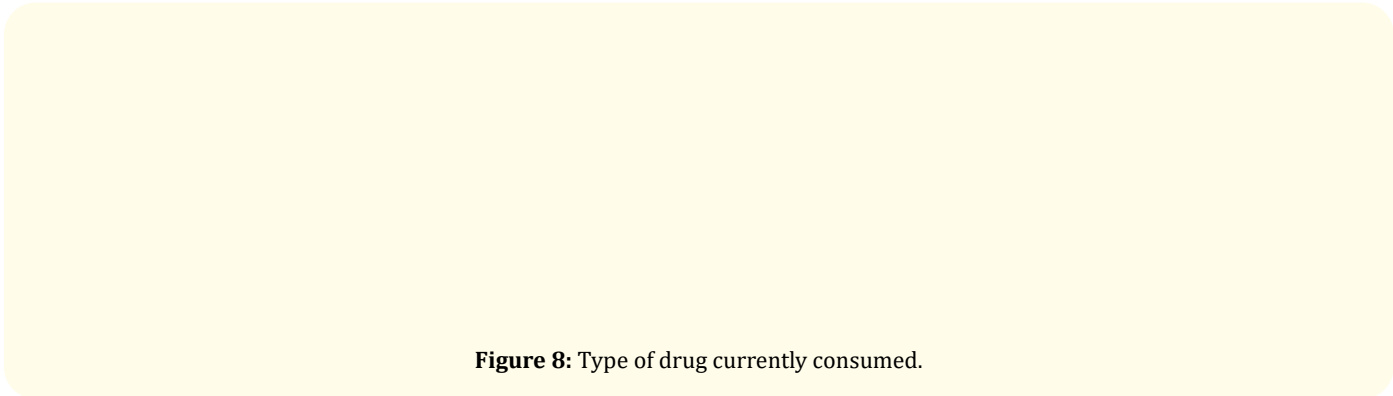
[1]More than one options may be selected

Figure 8: Type of drug currently consumed.

	Total	Score	Socio-Economic Status
Occupation of the respondents			
Part time employed	123 (41.60)	6	
Education of the respondents			Lower Middle
Higher secondary	102 (34.50)	4	
Monthly Income of the respondents			(III)
≥10357	118 (39.90)	4	

Table 5: Socio- economic conditions of respondents by Modified Kuppuswamy scale- 2017.

Note: Parentheses shows the percentage.

Discussion

In the present study it was found that majority of the respondents were unmarried and aged between 20-25 years, maximum were educated up to higher secondary level and belonged to nuclear families stated similar study done by Bhavesh., *et al*. [7], he stated that majority of (98%) the substance abusers were males and (46%) within the age between 31 to 45 years (46%). Out of total abusers 28% were graduate and 47%were doing skilled work. (47%) were unmarried and (92%) belonged to nuclear families.

It was observed in this study that the family having 2 to 4 family members 42.6% were ranked to be the highest and scored a percentage of 42.6% while on the other hand nuclear families scored a percentage of 67.9%. After which it can be concluded that absence of an elderly guidance in small/nuclear family often may result in diversification of the child's mind.

44.9% of the major respondents belonging from Uttar Pradesh were found to be living in urban area and having income aboveRs.10,357 and above among which 41.6% of the respondents were part- time employed which may be because of the irregularism caused in the respondents by daily intake of drugs abuse which is reported to be highest of 45.9% among the frequency for drug abuse. The study also stated that drug abuse among majority of the respondents i.e. 35.1% started below 15 years of age and majorly under the influence of friends which was seen to be 50.7%.

In this study, Alcohol beverages was ranked to be the highest among type of drugs consumed and scored 20.5% which is in accordance with the study Magnitude of Substance use in India [9-15] according to which 14.6% respondents were consuming alcohol regularly. Among types of drugs consumed alcohol was followed by cannabis 18.2%, heroin 13%, tobacco 12.9%, buprenorphine 12%, sedatives or sleeping pills 11.7%, opium 8%, cocaine 2.2%, inhalants 1.6%.

Conclusion

In the present study, it was found that nuclear family and respondents that had moderate education level were noted as the key factor for driving the individual towards drug abuse. Also it was observed that 73.3% respondents living in urban area were driving towards drug abuse more frequently than other respondents. It was also revealed that, majority of 59.4% of unmarried, 41.6% of part-time employed and 99% of the male respondents with a monthly income above Rs.10,357 were majorly involved in drug consumption.

The study provides a gist about the impact of socio- demographic profile on the type of drug consumed gaining popularity among youth. It shows how lower socio-economic class is in the explicit crunch of drug abuse and youth from a very young age is getting into it. However, our early age awareness might help this stratum of the society in getting away with the menace popular these days.

1. Forbes (2010).

2. UNODC; United Nations publication Printed in Austria V (2004).

3. Casa Palmera Staff, The Effects of Drug Abuse on Teens December 13th (2009).

4. National survey on drug use and health; Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health. Substance Abuse and Mental Health Services Administration, Rockville, MD (2014).

5. Rather YH., *et al.* "Socio-demographic and Clinical Profile of Substance Abusers Attending a Regional Drug De-addiction Centre in Chronic Conflict Area: Kashmir, India". *The Malaysian Journal of Medical Sciences: MJMS* 20.3 (2013): 31-38.

6. Rehabilitation of Drug Addicts, Ministry of Social Justice and Empowerment JULY (2018).

7. Bhavesh B Prajapati., *et al.* "A study of socio-demographic profile and pattern of drug use among substance abusers attending mind care de-addiction center in Ahmedabad". *International Journal of Community Medicine and Public Health* 6.1 (2019): 286-289.

8. Alcohol and Drug abuse statistics, American Addiction Centres (2019).

9. Magnitude of Substance use in India NDDTC, AIIMS Press Information Bureau (2019).

10. Hannah Ritchie and Max Roser Drug Use (2019).

11. Indiatimes. The Unseen Side of Drug Addiction InIndia (2018).

12. Lwanga S and Lemeshow S. "Sample Size Determination in Health Studies: A Practical Manual. Geneva: World Health Organization (1991).

13. NATIONAL DRUG USE SURVEY MALDIVES - 2011 / 2012 UNITED NATIONS OFFICE ON DRUGS AND CRIME (2012).

14. Saleem Sheikh. Modified Kuppuswamy Scale Updated for year (2018).

15. United Nations Office on Drugs and Crime (UNODC) (2019).

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